

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-002613

STATE FILE NUMBER

AMENDED

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 17  
**FILED JAN 30 1962**

1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		Length of stay in 1b		c. CITY OR TOWN <u>MARCELINE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W. HOWELL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>W. HOWELL</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CECIL</u> Middle <u>WARREN</u> Last <u>SPOOR</u>				4. DATE OF DEATH Month <u>1</u> Day <u>21</u> Year <u>62</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-15-26</u>	9. AGE (last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>MACHINE OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FAN FACTORY</u>		11. BIRTHPLACE (City and state or country) <u>FT. MADISON</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>CECIL N. SPOOR</u>		13b. MOTHER'S MAIDEN NAME <u>EDNA RUTH Sisson</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. PEGGY SPOOR</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give year or dates of service) <u>W. HOWELL</u>		17. INFORMANT <u>MRS. PEGGY SPOOR</u>		Address <u>MARCELINE</u>			
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SUICIDE</u> DUE TO (b) <u>SELF INFLICTED GUNSHOT WOUND</u> DUE TO (c) <u>22 CAL MARLIN LEVER ACTION REPEATER</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>IMMED</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>HELD MUZZLE OF GUN AGAINST RIGHT</u>					
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>TEMPLE. BULLET DID NOT EMERGE.</u>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		20f. CITY, TOWN, OR LOCATION <u>MARCELINE</u>		COUNTY <u>LINN</u>		STATE <u>MO.</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. R. Wright</u>		(Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Marionville, Mo.</u>		22c. DATE SIGNED <u>1-21-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-24-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HILL REST MEM.</u>		23d. LOCATION (City, town, or county) (State) <u>FORT MADISON IOWA</u>			
24. FUNERAL DIRECTOR <u>MILLER-TILLOTSON</u>		ADDRESS <u>MARCELINE MO.</u>		25. DATE RECD. BY LOCAL REG. <u>1-28-62</u>		26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>	

JAN 30 1962

FEB 6 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Libbun K Tidatson

Licensed Embalmer No. 4508

P. O. Address Marceline  
Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.